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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/614,623	514,623 07/07/2003		Arnold I. Klayman		SRSLABS.053C3		7854
TITLE OF INVENTIONS	: AUDIO ENHANCEMI	ENT SYSTEM					
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$0	\$1510 \$0		\$O	02/02/2010
EXAM	EXAMINER		CLASS-SUBCLASS				
LEE, PING		2614	381-001000				
 Change of correspondence address or indication of "Fee Address" (3 CFR 1.363). Change of correspondence address (or Change of Correspondent Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custom Number is required. 			or agents OR, alternati (2) the name of a sing registered attorney or	f up to 3 registered patent attorneys ternatively, a single firm (having as a member a acy or agent) and the names of up to that attorneys or agents. If no name is 1 Knobbe Martens Olson & Bear, LLP 2 3			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) SRS LABS, INC. Santa Ana, CA							
Please check the appropri	ate assignee category or	categories (will not be pr	rinted on the patent):	Individual & Cor	poratio	n or other private gro	up entity Government
4a. The following fee(s) are submitted: ☐ Issue Fee ☐ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 11-1410 (enclose an extra copy of this form).				
	SMALL ENTITY statu	is. See 37 CFR 1.27.	b. Applicant is no lor				
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Authorized Signature	protection		Date 11-06	-2009)		
Typed or printed name Scott Raevsky			Registration No. 54,384				
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